

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021648

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5868

STATE FILE NUMBER

FILED JUN 7 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4039 Botanical Ave.		d. STREET ADDRESS (If outside, give location) 4039 Botanical Ave.	

3. NAME OF DECEASED (Type or print) First Lester Middle Louis Last Guyott		4. DATE OF DEATH Month June Day 2 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/25/1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		11. BIRTHPLACE (City and state or country) Perryville, Mo.	
13a. FATHER'S NAME Louis F. Guyott Guyott		14. NAME OF HUSBAND OR WIFE Eula Guyott Guyott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		17. INFORMANT Guyott Address Eula Guyott, 4039 Botanical Ave.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma of Liver DUE TO (b) Bronchogenic Carcinoma of Rt Lung DUE TO (c) Chronic lung disease		INTERVAL BETWEEN ONSET AND DEATH 6 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic lung disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1621	
20c. TIME OF INJURY Hour 9:15 a.m. 6/2/63 Month, Day, Year		20f. CITY, TOWN, OR LOCATION Perryville, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from September 1962 to 6/2/63 and last saw her alive on 6/2/63 Death occurred at June 2, 1963 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William R. Coe M.D.		22b. ADDRESS 1401 Leavenworth St. St. Louis	
22c. DATE SIGNED 5/6/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6-5-63		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
23d. LOCATION (City, town, or county) Perryville, Mo.		25. DATE RECD. BY LOCAL REG. JUN 3 1963	
24. FUNERAL DIRECTOR Young & Sons, Perryville, Mo.		26. REGISTRAR'S SIGNATURE Coal Smith M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	DATE AMENDED
3	Lester Louis Guyott	6/24/63
13	Louis F. Guyott	6/24/63
17	Eula Guyott	6/24/63

BY AFFIDAVIT OF INFORMATION

MEDICAL CERTIFICATION

JUN 1 1963

STATEMENT BY LICENSED EMBALMER

JUN 10 1963 F.C.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley A. Lister
Licensed Embalmer No. 24190
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.